



# Case study

From pilot to policy:  
Introducing community-based social services in Bulgaria  
2002 – 2008



*The year is 2000. Unemployment is at all time high – 18 percent, most affecting those over the age of 50. At the same time, social services come mostly in the form of cash transfers, leaving elderly people and people with disabilities to care for themselves, or to be institutionalized.*

*The prospect of European Union membership pushes major reform efforts, and the Government of the Republic of Bulgaria prepares the landscape for quality social services to be introduced into communities. It is decided to match these two groups in need: those who need employment with those who need care....*

## Bulgaria at a glance



Population: 7.97 million<sup>1</sup>  
Human development index (HDI) 0.824<sup>2</sup>  
(53rd out of 177)

### 1 January 2007

Member of the European Union

### 1989 – present

Republic of Bulgaria, parliamentary democracy

### 1946 – 1989

People's Republic of Bulgaria, communist state

### 1878 – 1944

Constitutional monarchy

### 1396 – 1878

Ottoman Empire

### 1185

Restoration of the Bulgarian state

### 1018 – 1185

Byzantine Empire



1 2005, Council of Ministers of the Republic of Bulgaria

2 2005, as reported in the global Human Development Report 2007/2008

## from the UNDP Classroom...

This case study is intended to spark a debate, or at least get you to think about how to best evaluate capacity development initiatives. It was written so that you would be able to answer and discuss some of the following questions:

Did the project help to develop, enhance or retain capacities that contributed to improved development effectiveness and human development?

Despite the fact that the project started before capacity development was integrated into the project or country programme, it nevertheless adopted many aspects of the capacity development approach intuitively – to what extent was the capacity development approach applied?

The project also grew past its original purpose and expectations. How do you measure unintended, yet important outcomes? How do you balance strategic thinking and flexibility?

What kind of monitoring and evaluation system was put in place? Was it able to measure effectiveness as well as changes in capacity?

How was national ownership nurtured? What were its sources?

How does capacity development fit into UNDP's world of results based management? How can other approaches be incorporated, such as change management, or systems based approaches?

What kind of partnerships and relationships were established throughout the project? Was dialogue with partners established from the beginning of the project? How do you think this factors into the success of the project?

Once capacities are developed and strengthened, how are they best retained? Do you think the project was sustainable? Why or why not?

To what extent were the capacities developed for the municipality to deliver social services? What about NGOs and the central government?

Did the project contribute to the development of a better long-term national policy response to the unemployed in pre-retirement age?

Did it make a significant difference in people's lives? What is the best way to measure this?

What was the effect on employment? Income? To what extent did the project provide opportunities for people who did not have them before?

*“This project is a test of our  
humanity.”*

Ms. Emilia Maslarova  
Minister of Labour and Social Policy

## From pilot to policy: Introducing community-based social services in Bulgaria

UNDP Bulgaria – Social Services for New Employment 2002 – 2008

Total budget: \$6,964,685

Ministry of Labour and Social Policy: \$6,601,763

Municipalities: \$262,921

UNDP: \$100,000

### Government kicks reforms into high gear – the push to EU membership

In the run up to European Union (EU) membership, the Republic of Bulgaria carried out sweeping socio-economic and administrative reforms. There was a great willingness for reform within the Government, and the EU agenda served to bring national development goals and priorities to light. Negotiations for membership proved to be a never failing tool for consensus building and mobilizing public support.<sup>3</sup>

Changes in social policy and the introduction of alternative social services were accelerated during the adoption of EU standards and policy makers were, at the same time, responding to high and persistent unemployment, with rates reaching an unprecedented 18 percent in 2000.

In 2001, new social policy was adopted in order to increase employment, reduce poverty, overcome social exclusion and modernize the social assistance system.

The Law for the Encouragement of Employment was passed in 2001, and an Employment Agency was created in order to give new impetus to active labour market policies. The Government's employment promotion policy increasingly targeted the most vulnerable groups in the labour market. Those in pre-retirement age (ages 50 and above) were the most affected, constituting over 50 percent of the unemployed, mainly due to economic restructuring and massive lay-offs. In 2001, there were over 135,000 people in this category. Those who qualified for unemployment benefits would receive between 42 and 72 euros per month from the state.

3 Velichkov, Kamen. Bulgaria's EU Accession Negotiations: Achievements and Challenges p. 3

The Social Assistance Act (1998) was updated in 2003 to better reflect the needs of citizens who required help to meet basic needs, and allowed for community level social services that would make it easier for people to live independently.

***“I thought I had been forgotten  
by the Government.”***

*65 year old, blind and physically disabled  
widower*

The only care provided to people in their homes was delivery of cooked meals, but this was not available to all who needed it. For example, in the municipality of Pravetz in 2002, only 60 people received this service when approximately 1,500 people were in need of it.

A Child Protection Act was passed in 2003, with the aim of providing necessary services within the home, in order to keep children with their families. Previously, if a family could not provide care to a disabled child, their only option was to place him or her in an institution. This applied to all those who were not able to take care of themselves.

The Government wanted to decrease the number of people placed in specialized institutions, acknowledging that most were situated outside residential areas, in poor condition, and without a mechanism to ensure that minimum standards of quality care were met – a human rights issue.

Until amendments in 2003, social assistance came mainly in the form of cash transfers. The amended Social Assistance Act elaborated the different types of social services that could be provided at the local level, but also stipulated that other services could be

introduced based on the needs of citizens. This flexibility would prove to be an important factor in the delivery of quality care that was being explored at the community level – beneficiaries of social services had been given a role in developing the standards of care that would eventually be adopted for the country.

Local governments became responsible for social assistance after decentralization efforts in the late 1990s. However, most lacked the necessary financial resources, and the poorest municipalities were ill equipped to respond to the poverty in their communities. They also lacked experience in the provision of social assistance or services. With this in mind, amendments to the Social Assistance Act also opened the door to non-state organizations to provide social services in communities.

The Ministry of Labour and Social Policy wanted to match the supply and demand – those who needed employment with those who needed care, and approached UNDP Bulgaria with a project idea. The Ministry wanted to train the unemployed in the vulnerable age group of over 50 as social assistants, who could then provide social services to the elderly, people with permanent disabilities, and children with disabilities in their own homes. The main goal of the project was to contribute to the development of a long term national policy that would ensure the transition from institutional social care to sustainable community based social services.

## Laying the groundwork

The Ministry wanted to understand the needs of disadvantaged groups in order to provide quality social services to communities. Therefore, the first step was a sociological survey (May and June 2002) in four municipalities (Blagoevgrad, Botevgrad, Etropole and Pravetz), which confirmed the need for support for those in the pre-retirement age and an increase of social services provided in the community. The unemployed in pre retirement represented 27 percent of the total number of unemployed in Botevgrad (more than 500 people), 17 percent in Blagoevgrad (318 people), 16 percent in Etropole and 24 percent in Pravetz (230 people). Among the selected municipalities, there were enough motivated candidates with previous experience providing social services or care to their relatives. The study also identified the number of potential service users. For example,

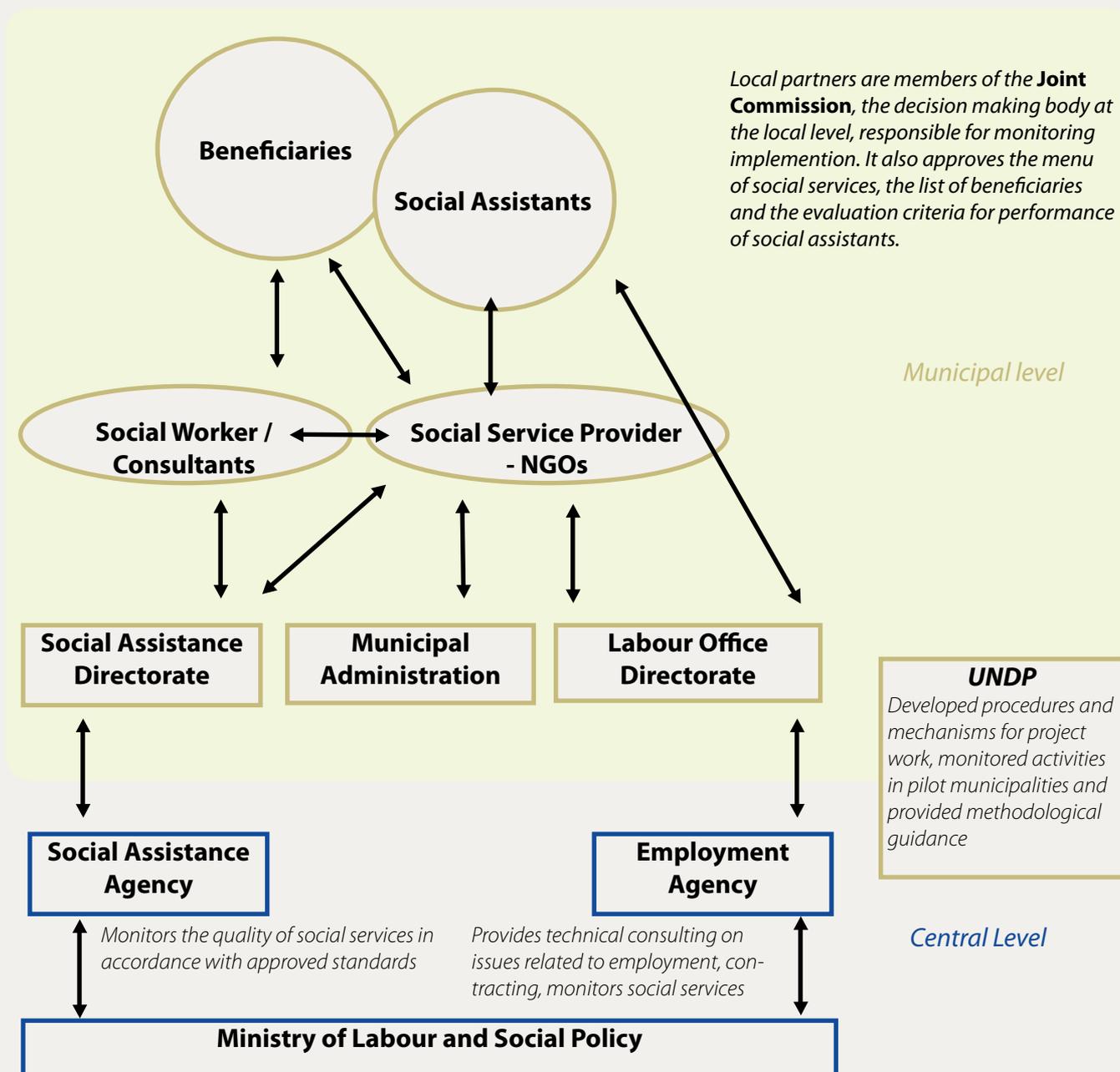


in Pravetz, there were 250 people with disabilities, 20 children with disabilities and over 100 elderly people living alone. Furthermore, the study looked at local capacities (state institutions and non-governmental organizations) to provide social services, as well as the needs and attitudes of potential beneficiaries and their relatives towards receiving social care in their homes, and of the unemployed towards providing care to vulnerable groups.

The study revealed a keen interest at the local level to combine job creation for those in pre-retirement with social service delivery. Municipal Administrations, municipal social assistance and labour offices as well as a number of NGOs expressed their willingness and readiness to participate in the project. Although researchers expressed some doubt regarding the capacity of the municipalities and local institutions to cope with a recognizably large amount of work, the study revealed that there were existing sufficient capacities at the local level to implement project activities.

In December of 2002, the Deputy Minister of Labour and Social Policy, Ms. Hristina Hristova hosted a meeting that brought together representatives from the municipal administrations, the local labour and social assistance directorates from the four municipalities that would pilot the project, as well as UNDP. The project manager presented the project, its activities for the first quarter of 2003, and discussion and questions were encouraged.

## Who's who



### Who does what at the local level

#### Beneficiaries

Receive care, provide feedback on services

#### Social Assistants

Provide care and feedback

#### Social Service Provider NGOs

Set up and manage local office  
Interview, select and contract candidates  
Prepare work plans for social assistants, and evaluate their work  
Coordinate and participate in selection of beneficiaries  
Monitoring and reporting

#### Social Assistance Directorate

Implements social policy at local and regional level  
Informs community about available services  
Assesses needs in the community  
Decides on "menu" of social services  
Reviews beneficiary cases  
Assesses performance of service provider

#### Municipal Administration

Co finances project activities  
Determines user fees, manages income  
Monitors administrative and financial activities of NGO  
Support public awareness

#### Labour Office Directorate

Coordinates selection of social assistants

*Back in the work force:  
Social assistants in training*



In January 2003 project staff visited the municipalities and met with representatives of the local institutions. UNDP sent letters to all municipal authorities, requesting nominations for the Joint Commissions, consisting of members from the Municipal Administration, the Labour Office Directorates, and the Social Assistance Directorates in each municipality. Representatives were nominated from all local institutions. NGOs would later be included in the Joint Commission, responsible for decision making as well as monitoring implementation of the project at the local level.

The survey also revealed some interesting reservations and inherent social beliefs. The idea of having strangers come into the home was foreign to Bulgarian society, where it was believed that the family should take care of its own. The project would profoundly challenge this belief, as well as the attitude toward care giving in general.

Another survey was carried out in 2003 – to determine an acceptable monthly fee that beneficiaries would pay for the services they receive. A questionnaire was developed and a representative sample from target groups in each municipality was interviewed. The rate was waived for children with disabilities. A monthly rate of \$3.28 (5.7 BGN) was determined, but would later be adjusted, with each fee determined per specific beneficiary.

As time went on, the project ended up adopting a very flexible model in general, allowing for adaptations to local needs. For example, a person who did not fall into one of the project's target groups, but who was in a crisis situation and had no alternative for social care could become a beneficiary. Services that were not on the list could be provided on a case by case basis, such as snow removal in winter.

In 2003, in the four municipalities first selected to pilot the project, the local Social Assistance Directorate was responsible for providing social services. This responsibility was later transferred to local NGOs, after it was determined that they had sufficient capacities to ensure the provision of quality care.<sup>4</sup>

<sup>4</sup> Training for NGOs was based on a needs assessment con-

## Social assistants – a much needed service becomes a new profession

Training was provided for the social assistants before they started their new jobs, and covered general home care and social services, as well as the rights and obligations of the social assistant and the rights of the beneficiaries. The social assistants learned first aid, and techniques of emotional support. They learned about the specifics of caring for the elderly, people who were ill, or children with disabilities. They studied effective methods of communication, how to prevent violence or being abused, they learned about how people cope with grief and loss, and how to prevent the “emotional burn out syndrome.” Some of the social assistants had educational and professional backgrounds adequate to the provision of education and health services to vulnerable groups.

Over time, shifts in the attitudes and behaviour of the social assistants were observed. They began to show more respect for themselves and the Social Assistant profession. Statements at the beginning of the pilots such as:

**“I used to take care of my child for years, I know everything about it.”**

were replaced with

**“I have to learn more about social work, it helps me to be more professional in my work.”**

Motivation for training became more specific – at the beginning, it was common to hear:

**“I will learn how to help people.”**

which was replaced by

**“I have to learn more about my skills – they are important in the communication with the user, especially in conflict situations.”**

ducted in 2004.

*Making a difference:  
Beneficiary with social  
assistant*



It helped that the social assistant was recognized as an official profession in 2006, allowing people in the community to think that the service would provide long-term support. At the beginning, one assistant said:

**“It was unemployment that made me work as a social assistant but I have no other choice.”**

As social assistants gained practical working experience and were educated in social work, pride in the work was revealed in statements such as:

**“It is a new profession – very human and useful.”**

**“People accept me, they trust me and I feel satisfied.”**

**“I work with children with physical and cognitive disabilities and I feel their warmth.”**

At the beginning, social assistants would often provide services to beneficiaries after working hours, and on weekends and holidays – to show full support and responsibility. The training encouraged them to think of themselves as professionals who needed a work/life balance and to work according to the terms of their contract.

**By the end of 2003, 263 unemployed people over the age of 50 had been hired as social assistants, who were matched with 635 people who needed care.**

## Scaling up

In the meantime, additional municipalities were surveyed – ones with relatively high rates of unemployment, and significant needs of disadvantaged groups. In 2003, four out of the eight municipalities surveyed

were selected – Vidin, Byala Slatina, Vratza and Berkovitza, bringing the total to eight municipalities that were piloting the new model for locally delivered social services.

In the beginning of 2004, the project was revised, to cover additional municipalities, and place more emphasis on improving the quality of services. The change in strategy reflected the role of the project in supporting the introduction of new legislation on social services, now including development of national standards for community social services. Standards would allow for guidelines when outsourcing social services, and would help to monitor the provision of social services in the community.

The project also focused on developing the capacity within the national social assistance system to monitor and evaluate alternative social care at the municipal level.

Changes also allowed for access to employment and services to be provided to a broader group of people, and the criteria loosened. For example, an unemployed person under the age of 50 with relevant education and experience in providing social services would be considered for social assistant positions.

These changes provided more opportunities for testing new approaches and initiatives in order to identify effective and ineffective practices, and to observe changes in capacity and behaviour.

Experience gained through the first year of project implementation indicated that the non-governmental sector in Bulgaria was, to a great extent, unprepared to deliver social services. Therefore, the initially allocated period for capacity development of NGOs (January 2004 – December 2004) was extended by another year in order to ensure the sustainability of project activities and the proper performance of NGOs as social service providers and reliable employers.

## Bringing in civil society – the role of NGOs

The service provider (NGO) was responsible for project implementation in the municipality. They set up and managed a local office, with a coordinator, a social consultant and an accountant. They coordinated with the Social Assistance Directorate and Municipal Administration; they collected the applications for potential social assistants, interviewed, selected and contracted candidates. They prepared work plans for each social assistant, paid them, and evaluated their performance. They coordinated and participated in the selection of people who would receive the services of the social assistants, and signed contracts with them; they prepared a plan for each beneficiary, collected and administered the fees. They prepared monthly monitoring plans and reports, as well as weekly, quarterly and annual reports.

Training for NGOs was based on a needs assessment conducted in 2004, after all NGO partners were identified and already working as providers of the Social Assistant service. Their knowledge of social work varied, and some had already implemented a number of social inclusion and community level projects. The NGO training programme, designed and delivered by the Bulgarian Association of Social Workers and UNDP (who had also carried out the assessment), included several modules addressing topics related to development and management of an organization, social work and the delivery of services in the community, social services for specific groups – children and adults with disabilities and elderly people living alone. NGOs learned how to be intermediaries between social assistants and beneficiaries. NGOs were also trained on how to partner with the media, and with community policy-makers. They also received training on monitoring and evaluation of quality of services.

The programme was open and dynamic, reflecting the needs of the service users and the teams providing them with services. It focused on the main principles and methods of social work and home care, but also addressed other issues, in response to NGO day to day work and also the needs of the beneficiaries, as they arose. For example, one of the sessions covered communicating with beneficiaries with cognitive disabilities, after this issue was raised.

NGOs were also learning by doing – their day-to-day involvement in project activities would teach them im-



portant lessons, and would also provide national policy makers with solid information about the strengths and weaknesses of the NGO sector and the major gaps in its competencies when outsourcing social service provision.

Changes in attitudes were also seen in the NGO service providers as the project progressed. At the beginning, passive acceptance or resistance towards the rules and procedures of service provision was observed.

**“There are a lot of procedures and written work – we don’t have enough time for real work.”**

Over time, NGOs became more active, providing feedback on the application of procedures.

**“We need to think of training for the team and human resources that we need to be better providers.”**

The service providers become stronger organizationally, in areas such as administrative and financial management for example – labour legislation and social insurances issues, human resources management and monitoring. They understood the rules and procedures of the Social Assistant service, gained experience and became valuable and desired partners for the Municipal Administration. They also came to fully embrace that caring for disadvantaged groups was a community effort – combining their own expertise with the resources of a broader network that includes social workers, state institutions, experts, family members of those benefiting from home care, and volunteers from the community.

**“We learn from each other and grow together.”**

While the eight municipalities began piloting the programme, the project continued to expand to other municipalities.

Another sociological survey was carried out in 2004 in twelve municipalities covering six regions – where



statistics pointed to higher than average levels of unemployment, elderly and people with disabilities. Many of the unemployed had pedagogic, humanitarian and medical education. Four more municipalities were included in the project – Aitos, Veliko Tarnovo, Gorna Oriahovitza and Kazanlak, bringing the total number of municipalities participating in the project to 12.

In 2004, the project provided work for **758** social assistants, who were meeting the social needs of **1,898** elderly people and people with disabilities, living in 154 towns and villages within 12 municipalities.

A study tour to England was organized to familiarize NGO managers with European best practices and models of social care. The managers from the NGOs in the pilot municipalities, along with four representatives from the Bulgarian Ministry of Labour and Social Policy, the Inspectorate of the Social Assistance Agency and the National Employment Agency, and one person from the National Association of Municipalities in the Republic of Bulgaria visited the Local Government and Care Partnerships Directorate at the Department of Health, the Newham Council Day Centre and Ellingham Employment Services in Leytonstone. The visit was organized to provide project partners with information on the system of social care services in the United Kingdom, particularly for elderly people and people with disabilities. Participants learned about financing social care services, establishing functioning public private partnerships between central and local government and the voluntary or private sector, outsourcing social care services, implementing and monitoring national standards. UK partners also shared examples of good practices for absorbing European Social Funds for community based social care provision.

In 2005, the emphasis was on capacity development through training programmes and consulting services – not only for NGO service providers, but state institutions at the local level (Municipal Administrations, Social Assistance Directorates, and Labour Office Directorates).

## Developing capacities of the state

The **Municipal Administration** co-financed project activities, determined the user fee, managed the income it generated and monitored administrative and financial activities that are performed by the NGO-service provider. The Municipal Administration also assessed the performance of the service provider each year, assisted with logistics and supported public awareness and transparency of activities. The municipality also piloted a cost-sharing model<sup>5</sup> for the financing of community-based social services – between the central government, municipalities and beneficiaries.

A training package was designed based on these new functions, and provided an overview of the new decentralized model for funding, management, provision and monitoring of the community-based Social Assistant service, the nature and methods of social work and community-based social services, development of social policies at the local level, and social negotiation with the NGO-service providers. The project helped to develop the capacities of municipalities to co-finance, outsource and supervise community-based social services.

<sup>5</sup> For 2006: central government (80%) municipalities (10%) beneficiaries (10%). For 2007, 70%, 20% and 10% respectively.



The **Social Assistance Directorate** is responsible for implementation of state social policy at the local and regional level. The Social Assistance Directorate introduced information about the new social services to those in the community, and assessed the needs for the services in general, based on the needs identified by each applicant. The Directorate prepared the list of those who should receive Social Assistant care as well as a “menu” of social services to be offered to vulnerable people within the municipality – for approval by the Joint Commission. Those leaving social institutions were granted priority access to the new services. The Social Assistance Directorate was also responsible for reviewing plans for each individual beneficiary every six months, and for assessing the performance of the service provider each year.

Those responsible for the community social services as part of the project within the Social Assistant Directorates received basic training in counseling and social services for the particular groups receiving care as part of the project – the elderly, people living on their own, people with disabilities and children with disabilities. The training was designed to add to their existing knowledge of social work, and focused on: providing services within a community, patterns for providing home care, formal and informal social care networks, specific responsibilities of the social assistant and conditions of labour. Training also covered communication with beneficiaries of home care, conflict resolution, as well as how to best maintain the freedom and dignity of beneficiaries. University lecturers joined the team of trainers, providing expertise on community development and social work, discussing the philosophy and technical application of community based social services. As a result, a course for community social services was introduced at Sofia University in the Social Work Programme.

The **Labour Office Directorates** coordinate the selection of candidates for Social Assistants, and participated in training on the rules and procedures for project policy development, implementation, management and monitoring of the Social Assistant service.

In 2005, the project provided work for **751 Social Assistants** who were providing care to **1,902** elderly people and people with disabilities living in 147 towns and villages within 12 municipalities.

The project relied extensively on the active involvement of the local labour offices, Social Assistance Directorates, and the Municipal Administrations. Effective communication between these organizations and the NGOs was vital. It helped that a “social consultant” was hired by the NGO – many were social workers from the Social Assistance Directorates, and therefore could also bring in specialists (psychologists, pedagogues, psychiatrists) as needed. The organizations came together, collaborating within the Joint Commission, and annual meetings were also held for all project partners.

In 2006, **700** social assistants were hired and had improved the living conditions of **2,011** elderly people and people with disabilities, living in 161 towns and villages within 12 municipalities.

## Secondary legislation – bringing new laws to life

While the 12 municipalities were busy piloting the new programme, central authorities were complementing efforts at the national level.

In 2003, the state introduced national standards for social services delivered to children and some general standards existed for nutrition, health care, and education services, but as yet, there were no specific and detailed national standards for community-based social services.

The Ministry of Labour and Social Policy wanted use the knowledge gained from piloting the new model of community social services in the development of secondary legislation for the newly amended Social Assistance Act. In this case, secondary legislation included a Methodology for the Provision of the Social Assistant Service (and national standards), as well as instructions for the operational organization of the Social Assistant and Household Assistance services.

The Methodology detailed the Social Assistant service and touched on human rights, quality implementation of the services and tools for supervision, regulation and improvement. The instructions introduced the services, their goals, terms of agreement, management, basic activities, provision, and funding.

Secondary legislation was developed in close collaboration with the Ministry of Labour and Social Policy and the Social Assistance Agency, and project partners were also included. A team of national consultants, supported by an international consultant, reviewed all relevant national documents<sup>6</sup>, and conducted focus group

interviews with all partners at both the central and local levels (Ministry of Labour and Social Policy, the Social Assistance Agency, Employment Agency, Municipal Administrations, Social Assistance Directorates, Labour Office Directorates, NGOs, social assistants and service users). National experts were also consulted during numerous rounds of adapting standards – based on EU best practices – to the Bulgarian context.

Secondary legislation supporting the Social Assistance Act provided opportunities for objective evaluation of the quality services. Knowing the minimum standards for the quality of the Social Assistant service allowed for more active and responsible service users – they could compare services received to services they knew they were entitled to, in terms of time, quality and confidentiality. It allowed them to become more concrete in their feedback when evaluating the work of the assistants. For example, at the beginning of the project, those benefiting from the service all said they were satisfied with the support and just hoped it would continue. After the promotion of standards and development of the service, they made suggestions for how the service could become more effective and better meet their needs. Beneficiaries and their relatives could also compare the work of different social assistants as well as different service providers.

An NGO that provided detailed information about the service, expert consultation to service users and their relatives in cases of crisis, conflict, risk situations, that maintained open communication and that were able to direct beneficiaries to other relevant organizations and services for support was recognized as a professional organization.

Feedback from beneficiaries was not only a tool for assessment and evaluation, but also served as a communication channel, and a way to test changes and new ideas. It also reflected the project philosophy – that each individual involved in the project makes a difference. People in need helped to create a dynamic national system that was able to meet the needs of its citizens and provide quality care.

of the Social Assistance Act, Integration of People with Disabilities Act, Regulations on the Implementation of the Integration of People with Disabilities Act, Child Protection Act, Regulations on the Application of the Child Protection Act, Regulation for the Criteria and Standards for Social Services Delivered to Children, Local Taxes and Fees Act, relevant Government documents on social policy transformation vis-a-vis commitments undertaken in the EU accession process

6 Social Assistance Act, Regulations on the Implementation



Changes were also observed in the attitudes of those benefitting from home care. They came to understand that they had the right to social services and not because they had been abandoned by their families, but because every person has the right to live an independent life. They learned that the care they received should meet their actual needs, and that if it does not, they have the right to search for other services. They learned that they had an important role – they were contributing to the development of a new social service, and the new Social Assistant profession.

Support for the locally delivered services came from the highest echelons of government. Those living in small and isolated town and villages in Blagoevgrad municipality particularly appreciated a visit from Deputy Minister of Labour and Social Policy Ms. Hristina Hristova in July 2003. The Minister of Labour and Social Policy at the time,<sup>7</sup> Ms. Lida Shuleva also held a press conference, actively promoting the new services.

***“It is important that we can talk together and discuss.”***

*Client with disabilities and health problems in Gora Oriahovitza*

**In 2007, 700 Social Assistants were hired and had improved the living conditions of 2,037 elderly people and people with disabilities, living in 161 towns and villages within 12 municipalities.**

A system was established to monitor the quality of services provided as well as the administrative capacities of the NGO service providers.

Successful monitoring of the quality of services was directly related to the capacities of the NGO-service providers to work with common monitoring procedures. NGOs had different experiences and attitudes towards monitoring, especially with regards to regularly

monthly monitoring. UNDP also tried to establish the process of monitoring as a consultative exercise and each NGO would receive feedback on positive results, potential risks and issues that needed to be addressed.

Qualitative and quantitative indicators (see figure 1) were identified for the annual assessment of the work of the NGO providers, carried out by the Joint Commission – which brought together the unique perspective, experience and expertise of each local agency.

The NGO service providers were evaluated in terms of administrative performance (organization and management of social services), and quality of services provided (in part based on feedback from service users and local partners). Based on the evaluation, the contract with the NGO service provider may be extended or terminated, and additional support may be provided to them.

Originally, project plans included development of an information system for monitoring the implementation of the national quality standards of the community-based Social Assistance service. It was thought that provision of social services in the community based on a common conceptual model for management, also demanded a common monitoring system in order to give an objective assessment of their quality.

7 24 July 2001 - 17 July 2003

Figure 1  
Indicators for evaluating NGO-service providers

<b>Regarding the provision of Social Assistant service:</b>
Coverage of quantity quotas for service users and assistants
Provision of support to adults and children with disabilities / chronic diseases
Monitoring of social services
Management of problems related to service users and assistants
Initiation and conducting of additional activities meant for project beneficiaries
Satisfaction of service users and assistants with regard to their interaction with the NGO / on the basis of a questionnaire
Opinion of local partners about the performance of the NGO partner
<b>Regarding the organization and management of the Social Assistant service:</b>
Effective management of human resources
Maintenance and usage of technical equipment
Preparation of labour and service contracts and of individual plans for the service users and social assistants
Keeping of project activities and deadlines
Documentation keeping and access provision for checking
Effective management of finances and accountability

Work began on a computerized monitoring system in 2008, to monitor and evaluate the quality of the Social Assistant service, but was halted after consultations with experts from the Social Assistance Agency, who were concerned that the Social Assistance Directorates lacked the capacity to conduct regular monitoring. They also voiced concern about possible duplication of efforts, as another national programme<sup>8</sup> also had plans to develop a computerized management and monitoring system for the Household Assistant service – with similar goals, values and principles to the Social Assistant service. Instead, the Ministry of Labour and Social Policy, and the Social Assistance Agency requested the development of Instructions on the operational provision of the Social Assistant service (and Household Assistant service) aimed to support the monitoring of the services at the local level.

8 Human Resources Development Operational Programme

## Four to 264!

Through the pilots, (first four, then 12) a successful model for providing community based social services was established and tested. Quality was, in part, attributed to the collaborative nature of the service, which involved the Labour Office Directorates, Social Assistance Directorates, Municipal Administrations, NGOs, feedback from beneficiaries, monitoring of national standards for home care, and oversight by national agencies.

The Ministry of Labour and Social Policy decided to apply the model in all 264 municipalities of the country. With the end of the project in sight, 2008 was devoted to ensuring a smooth transition of handing over the Social Assistant service to the national programme Assistants for People with Disabilities.

Priorities included developing a strategy for municipalities who would be adopting the new community services, as well as developing various models for providing the services using local resources.

Training was conducted for all municipal administrations, NGOs and private service providers across the country, as well as Social Assistance Directorates – to help prepare them to successfully co finance, manage and monitor the outsourced Social Assistant service.

***“People get used to what is good and want this service and expect us to find a solution. We cannot afford to do without it.”***

*Deputy Mayor*

In the 12 pilot municipalities, the prospect that the project was ending was met with uncertainty and anxiety. Interesting to note is that at the earliest stages of the project, the NGO service providers were most concerned with the future of the services, and near the end of the project, it clearly became a shared concern between the provider, the municipal leaders and the Social Assistance Directorates – both locally and regionally. The services had been successfully integrated into municipal social policy and local partners had established effective partnerships. Service users and

Figure 2  
Unemployment levels January 2000 to December 2007



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their families had come to rely on the support provided by the Social Assistant service, and demand for these services was growing. As such, providing quality care in the community became a priority of the municipal authorities, and they were searching for creative solutions to ensure that services would continue. Discussions revolved around providing services to more beneficiaries or providing higher quality services to fewer beneficiaries. Municipalities had become confident in their ability to continue the project activities that had become integrated into their daily responsibilities, and the focus was on how to fund the service. The project helped the 12 municipalities to formulate mid-term plans for Social Assistant services in 2009 and 2010.

### ***“Don’t take her away.”***

*87 year old client, who lost two of her three sons, and lives alone in Pravetz municipality – she has arthritis and diabetes. Her social assistant prepares breakfast, cleans, does the shopping and keeps her company.*

At the central level, training was provided to 28 experts from the Ministry of Labour and Social Policy and 22 experts from the Social Assistance Agency on the Social Assistant and Household Assistant services.

The project also participated in developing criteria for vocational training for Social Assistants, included into the state educational system.

There was no time (or resources) for observing the changes in the new municipalities and this was not planned as part of the project. However, feedback so far indicates that all NGO providers need further training, access to consulting services and supervision of the service provision. Some have received this support, while others have not. A need for a resource centre was indicated – one that could coordinate community-based social services, make policy recommendations, and provide consulting and methodological support.

The project helped to develop the NGO-providers network, which was institutionalized in 2008 as two separate but interrelated organizations – the Association of the Providers of Community-based Social Services for Elderly People and People with Disabilities (APSS) and the Institute for Community-based Social Services

(ICSS). Since 2009, both organizations implement community-based social services projects and provide training and consulting services to interested organizations and institutions.

A common understanding now exists, that to develop new social services requires the support of the whole community, as well as clear roles and responsibilities of those involved.

**So far, 7,346 people from vulnerable groups now have access to community-level care, provided by 3,304 assistants.**

The Social Assistant service is now funded through two national programmes<sup>9</sup> run by the Employment Agency and the Social Assistance Agency, with funds coming from the state budget as well as the European Social Fund. When Bulgaria became a member of the European Union in 2007, the Social Assistant service was the first to be negotiated under the European Social Fund.

Bulgaria’s unemployment rate has been drastically reduced compared to 2000 (see figure 2) and the country has benefited from steady growth. The project contributed to the Government’s overall efforts to boost employment, and helped to employ members of a particularly vulnerable group at a particularly difficult time, and equipped them with marketable skills.

More than that however, the project contributed to the development of a system of providing community care for those most in need – across the whole country, and made a positive difference in people’s lives.

9 National Programme Assistant for People with Disabilities and the Human Resources Development Operational Programme



Advocacy for the project included press trips and public information materials such as brochures, posters, a documentary, a web site and more.



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## **Capacity *IS* development**

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